

Administrative Appeals – AOPA

The purpose of the administrative appeals process is two-fold: allow the adversely affected citizen or provider a simple and fair appeal process, and serve as a procedure allowing the Agency to review and analyze the decisions made in its name to ensure the decision was fully in line with Agency policy and law.

The Office of General Counsel (OGC) primarily sees two types of cases: (1) appeals of findings made by the Division of Disability and Rehabilitative Services (DDRS), the Division of Aging (DA), and the Division of Mental Health and Addiction (DMHA) related to an applicant's failure to meet Medicaid Level of Care or Denial of eligibility for Medicaid Waiver; and (2) appeals of agency determinations adverse to Medicaid providers.

When consumers or providers suffer an "adverse agency action," they have an opportunity to file an appeal of that agency action. If the appeal is filed in a timely fashion, it will be assigned to an ALJ or an independent officer (IHO), and a Staff Attorney (SA). ALJs/IHOs and SAs play two different roles: judges and advocates, respectively.

Our ALJs take their roles as judges very seriously. They analyze the facts in a neutral and detached manner to verify that the Agency made the correct decision. ALJs avoid communications with any one party or representative without the other party being present. Decisions are made independently and without influence from coworkers or other agency personnel, and are based only on applicable law, policy, and facts in evidence.

The ALJ/IHO will schedule a pre-hearing conference during which the parties will decide on a hearing date and discuss any other collateral issues that need to be resolved before the hearing (special accommodations, adaptive equipment, interpreters, etc.). The ALJ/IHO will then issue an order summarizing the pre-hearing, a Notice of Hearing, setting the hearing date, and a Case Management Order setting the date by which exhibits and witness lists must be exchanged. If an attorney has entered an appearance on behalf of the consumer, an attorney from OGC will file an appearance on behalf of the agency. The attorney will then consult with the agency to decide on necessary witnesses, collect relevant documentary evidence, and discuss proposed testimony.

The SA assigned to each case represents the Agency's interests, acts as the Agency's advocate, and defends the Agency's position throughout the appeal process. SAs view the case through the program's eyes. SAs gather and review pertinent facts against applicable law and policy to present the Agency's best case at hearing. Throughout the process, SAs aim to keep program abreast of developments and identify strengths and weaknesses in each case.

Appeals of Medicaid, SNAP, or TANF eligibility determinations or Medicaid prior authorization denials are handled by the Office of Hearings and Appeals (OHA). More information on OHA can be found [\[here\]](#). All other cases heard by ALJs in the OGC are governed by the Administrative Orders and Procedures Act (AOPA), found in Indiana Code art. 4-21.5.